

Activity #: _____

Page ____ of 7DRIVE-BY WORKSHEET

1. Arrival time: ~9:50
2. Drive-by conducted from public right-of-way? ☒ YES ☐ NO
3. Determine the direction "North" with respect to the facility and provide a brief sketch of the layout and orientation (as can be viewed from the public right-of-way)



R00051197

RCRA Records Center

4. Obvious concerns visible from public right-of-way?
(Note area(s) of concern)

☐ YES ☒ NO

- | | | |
|--|--|---|
| <input type="checkbox"/> Containers | <input type="checkbox"/> Tanks | <input type="checkbox"/> Processing Equipment |
| <input type="checkbox"/> Loading Areas | <input type="checkbox"/> Unloading Areas | <input type="checkbox"/> Security Devices |
| <input type="checkbox"/> Open Drums | <input type="checkbox"/> Stressed Vegetation | <input type="checkbox"/> Unusual Staining |
| <input type="checkbox"/> Unusual Odors | <input type="checkbox"/> Obvious Discharges | <input type="checkbox"/> Improper Disposal |
| <input type="checkbox"/> Safety Concerns | <input type="checkbox"/> Other Concerns | |

5. Notes/Observations:

5. Photo's Taken? ☐ YES ☐ NO

Photo Numbers: _____
(note location/direction on sketch)

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

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SITE ENTRY AND INBRIEFING WORKSHEET

1. Initial entry procedures:

☒ Used main entrance☒ Entered during normal operating hours

2. Facility Representative(s): _____

Title: _____

Title: _____

Title: _____

3. Does the facility representative(s) have intimate knowledge of all aspects of the waste generation and management practices? ☐ YES ☐ NO
(How was this verified?)

4. How long has facility representative worked in their position? _____

5. Were unreasonable or excessive delays encountered (>15 minutes): ☐ YES ☐ NO

6. Introduction:

☐ Presented credentials☐ Verified presence at correct facility (checked address/I.D. #)☐ Explained authority to conduct inspection (Section 3007 of RCRA)☐ Explained the purpose, scope, and order of the inspection☐ Explained documentation process through the use of worksheets, checklists, photo's, notes, statements, etc.☐ Explained EPA's need to collect and the facilities responsibility to provide accurate information and provided copies of Section 1001 and 1002 U.S.C. to facility☐ Explained facility's right to claim CBI and provided pages 1 and 2 of CBI form for signatures☐ Identified personal safety considerations: _____☐ Explained that findings and observations are based on your current knowledge of RCRA and that the final findings may differ7. Was full access granted? ☐ YES By who? (name): _____☐ NO Obtain name of person denying access, time of denial, reason for denial, or note limitations placed on access: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

$$.884 \left(8 \frac{1}{2} \frac{\text{lb}}{\text{gal}} \right) \text{ SS gal} = 389 \text{ lb}$$

7:01

Page of

1. Site history:

Number of employees: 25

Number of days worked per week: 4

Size (sq. ft., how divided): unknown

Property owner and facility operator the same? ☒ YES ☐ NO

2. Major products or services provided: Medicated feed manufacturer

3. Major raw materials used:

4. Major manufacturing or processing operations which generate waste streams:
(provide brief description)

Operation

Waste Stream(s)

5. Complete a Generator Waste Stream Worksheet and/or Off-Site Waste Stream Worksheet for the waste streams noted above and then finish this form.

Activity #: _____

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6. Verified/compared above information with facility Notification Form: ☐ YES ☐ NO

7. GENERATOR STATUS: ☐ CE (0-100kg/mo) ☒ SQG (100-1000kg/mo) ☐ LQG (>1000kg/mo)
(based on records review)

Is facility's status solidly within above category? ☐ YES ☐ NO
(If not carefully verify status and document)

8. TSD STATUS: ☐ Treatment ☐ Storage ☐ Disposal

Note: Types of units, number of units, capacities, processes, etc.

9. Resolved questions from Pre-Inspection Worksheet? ☐ YES ☐ NO ☐ No Questions

10. Resolved compliance officers questions from Pre-Inspection Worksheet? ☐ YES ☐ NO
☐ No Questions

11. Requested site map or diagram to identify all observations? ☐ YES ☐ None available

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

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GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: _____

2. Waste stream generation process: _____

3. Amount and frequency of waste stream generation (note amount per ____):

_____ Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month☐ Other : _____☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☐ Container Storage ☐ Tank Storage☐ Treatment ☐ Disposal ☐ OtherStated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: _____

Frequency of shipments: _____

Transporter: _____

Ultimate disposition of waste: ☐ Known ☐ Unknown

6. Number of years/months facility generated this waste: From: _____ To: _____

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☐ NO8. Facility considers this waste to be: ☐ Hazardous ☐ Non-Hazardous9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)☐ By product knowledge
(MSDS, other info)☐ By process knowledge
(use of material)☐ By testing
(test results)

Activity #: _____

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10. EPA waste codes identified by facility: _____

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO

12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☐ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☐ NO

15. Is waste stream consistent with generator Notification? ☐ YES ☐ NO

16. Notes/Observations: _____

////////////////////
VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☐ YES ☐ NO

18. Do the EPA waste codes appear correct? ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: _____

////////////////////
DOCUMENTATION: **HOW** are the facts known? **WHO** said what? **WHEN** did it happen?
HOW long did it happen? and **WHAT PROOF WAS OBTAINED?**

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1. Name or type of waste stream(s): _____

_____ Gallons _____ Pounds _____ Tons per ☐ Day ☐ Month ☐ Month ☐ Year

☐ Other: _____

☐ Container Storage ☐ Tank Storage ☐ Treatment

☐ Disposal ☐ Other:

Shipped to: _____

Frequency of shipments: _____

Transporter: _____

Ultimate disposition of waste: ☐ Known ☐ Unknown

6. Number or years/months facility managed this waste: From: To:

7. Facility considers this waste to be: ☐ Hazardous ☐ Non-Hazardous

8. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☐ By generator supplied information ☐ By testing

9. EPA waste codes

10. Is waste stream consistent with generator Notification? ☐ YES ☐ NO

16. Notes/Observations:

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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RECORDS REVIEW WORKSHEET AND CHECKLIST**A. MANIFESTS**

1. Location of manifests: _____
2. Person(s) responsible for manifests: _____

| # | //x | REGULATORY REQUIREMENT | MANIFEST #'s AND COMMENTS |
|-----|-------------------------------------|--|----------------------------|
| 3. | <input checked="" type="checkbox"/> | Facility uses manifest system-262.20(a) | <i>Manifest used for 3</i> |
| 4. | <input checked="" type="checkbox"/> | Manifests maintained for 3 years-262.40(a) | |
| 5. | <input type="checkbox"/> | Generator EPA I.D. number-262.20(a) | |
| 6. | <input type="checkbox"/> | Generator name, address, phone number-262.20(a) | |
| 7. | <input type="checkbox"/> | Transporter(s) name & EPA I.D. number-262.20(a) | |
| 8. | <input type="checkbox"/> | Designate facility name, address, phone number, & EPA I.D. number-262.20(a) | |
| 9. | <input type="checkbox"/> | Alternate facility designated-262.20(c) | |
| 10. | <input type="checkbox"/> | Five digit document number-262.20(a) | |
| 11. | <input type="checkbox"/> | DOT shipping name, hazard class, waste code, & RQ (if required-49 CFR 172)-262.20(a) | |
| 12. | <input type="checkbox"/> | Containers: numbers, type, quantity, unit wt/vol. -262.20(a) | |
| 13. | <input type="checkbox"/> | Proper certification including waste minimization-262.20(a) | |
| 14. | <input type="checkbox"/> | Signed and dated-262.23(a) | |
| 15. | <input type="checkbox"/> | Exception report submitted if necessary-262.42 | |
| 16. | <input type="checkbox"/> | Waste reclaimed under contractual agreement (SQG only)-262.20(e)(1) | |
| 17. | <input type="checkbox"/> | Generator maintains copy of contractual agreement (SQG only)-262.20(e)(2) | |
| 18. | <input checked="" type="checkbox"/> | LDR notification/certification sent with all manifests or (1st shipment under tolling agreement, SQG only)-268.7(a) | |
| 19. | <input checked="" type="checkbox"/> | LDR notification/certification includes: manifest number, correct EPA waste codes & treatment standards, and waste analysis data-268.7 | |
| 20. | <input checked="" type="checkbox"/> | LDR notification/certification maintained for 5 years-268.7.(a)(7) | |

✓-in compliance X-not in compliance N/A-not applicable

21. Approximate number of manifests generated since last inspection _____, or over past 3 years _____
22. Approximate number of manifests reviewed: _____
23. Copies of manifests made with regulatory violations? ☐ YES ☐ NO
24. Biennial Reports submitted per 262.41? ☐ YES ☐ NO

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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25. Additional requirements for off-site generated manifests: (please note

| # | /X | ADDITIONAL I.S./PERMIT [*] REGULATORY REQUIREMENTS | MANIFEST #'s AND COMMENTS |
|----|----|--|---------------------------|
| a. | | Manifests signed and dated-265.71(a)(1) | N/A |
| b. | | Manifest discrepancies noted and corrected w/in 15 days-265.71(a)(2) | |
| c. | | Copy immediately given to transporter- 265.71(a)(3) | |
| d. | | Copy sent to generator w/in 30 days-265.71(a)(4) | |
| e. | | Manifests retained for 3 years-265.71(a)(5) | |
| f. | | LDR notification/certifications retained for 5 years-265.7(b)(6) | |

/ - in compliance X - not in compliance N/A - not applicable * - please note applicable permit requirement

g. Approximate number of manifest received since last inspection _____, or over past 3 years _____

h. Approximate number of manifests reviewed: _____

i. Copies of manifests made with regulatory violations? ☐ YES ☐ NOj. Biennial Reports submitted per 265.75 ☐ YES ☐ NO

26. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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B. PREPAREDNESS AND PREVENTION

1. Name of designated Emergency Coordinator(s): _____

| # | /x | REGULATORY REQUIREMENTS | COMMENTS |
|----|----|---|--|
| 2. | X | Arrangements with local emergency agencies made- 262.34(d)(4)-265.37 [SQG] or 262.34(a)(4)-265.37 [LQG, I.S.] | Fire Dept came in & looked at fire extinguisher according to Mr. Nielsen no police & hospital |
| 3. | X | Emergency coordinator on premise or on call- 262.34(d)(5) [SQG] or 262.34(a)(4)-265.35 [LQG, I.S.] | Safety Dir. - Deeny Ferraro |

/-in compliance X-not in compliance N/A-not applicable

4. Can local emergency agencies handle a contaminated person from this facility?

☐ YES ☐ NO

5. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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C. CONTINGENCY PLAN

(SQG - N/A, LQG's-262.34(d)(4) referencing 265 Subpart D, I.S.-265 only)

1. Location of contingency plan: _____
2. Person responsible for contingency plan: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|-----|---|----------|
| 3. | | Has contingency plan-265.51(a) | N/A |
| 4. | | Contingency plan maintained on-site-265.53(a) | |
| 5. | | Plan submitted to emergency response agencies-265.53(a) | |
| 6. | | Description of actions needed to respond to fires, explosions, or releases of hazardous waste-265.52(a) | |
| 7. | | Description of arrangements with local emergency agencies, as appropriate-265.52(c) | |
| 8. | | List names, addresses & phone numbers (both home and office) of emergency coordinators & designate primary EC-265.52(d) | |
| 9. | | List & describe emergency equipment, its location and its capabilities, as required-265.52(e) | |
| 10. | | Include complete evacuation plan, if required-265.52(f) | |
| 11. | | Emergency coordinator must be thoroughly familiar with all aspects of facility-265.55 | |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

12. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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D. PERSONNEL TRAINING

(SQG - N/A, LQG's-262.34(a)(4) referencing 265.16, I.S.-265.16 only)

1. Location of personnel training records: _____
2. Person responsible for personnel training records: _____
3. Person responsible for conducting the personnel training: _____

| # | /x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|----|--|----------|
| 4. | | Program director trained in hazardous waste management procedures-265.16(a)(2) | |
| 5. | | Employees do not work unsupervised without completing training & are trained within 6 mo. of initial hiring-265.16(b) | |
| 6. | | Job title & name of person filling position specified-265.16(d)(1) | |
| 7. | | Written job description including: skills, education, qualification, and duties-262.16(d)(2) | |
| 8. | | Written description of type and amount of introductory & continuing training provided-265.16(d)(3) | |
| 9. | | Training covers: response to emergencies, implementation of contingency plan, use of alarms, waste feed cut-offs & other emergency equipment, as required-265.16(a)(3) | |
| 10. | | Documentation confirming training has been completed-265.16(d)(4) | |
| 11. | | Records maintained on-site & for 3 years-265.16(d) & (e) respectively | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

12. Notes/Observations: _____

Doing Lab Safety Training covers acid/base/solv
 SK provide & apply

No insp of drum condition but of label/closure
 everyone use

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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E. WASTE ANALYSIS/WASTE DETERMINATION AND LAND DISPOSAL RESTRICTIONS

1. Location of waste analysis/waste determination records: _____
2. Person responsible for waste analysis/waste determination: _____

| # | /X | REGULATORY REQUIREMENTS | COMMENTS |
|-------------------------------------|----|---|-----------------------------|
| 3. | | Determines if waste is a hazardous waste-262.11 | will do on new waste stream |
| 4. | | Determines if waste is restricted from land disposal-262.11(d)-268.7(a) | |
| 5. | | Generators waste analysis plan on-site for treatment in tanks/containers to meet LDR treatment standards-262.34(a)(4) [LQG] or 262.34(d)(4) [SQG] - 268.7(a)(4) | |
| 6. | | Impermissible dilution of waste to meet LDR standards is not occurring-268.11(d)-268.3(a) & (b) | |
| ADDITIONAL I.S./PERMIT REQUIREMENTS | | | |
| 7. | | Obtains complete analysis before treatment, storage, or disposal-265.13(a) | N/A |
| 8. | | Has method to inspect, track, and analyze all off-site generated waste for consistency with manifest descriptions-265.13(c) | |
| 9. | | Facility has written plan on-site which specifies: parameters, rational, test methods, sampling methods, frequency, waste analysis information from generator, list of applicable waste analysis methods to meet additional waste management requirements including LDR-265.13(b) | |

/ - in compliance X - not in compliance N/A - not applicable * - please note applicable permit standards

10. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

(SQG - N/A, LOG - N/A)

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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G. INSPECTIONS

(SOG - N/A, LQG - N/A)

1. Location of inspection records: _____
2. Person(s) responsible for conducting inspections: _____

| # | //x | REGULATORY REQUIREMENTS | COMMENTS |
|----|-----|---|----------|
| 3. | | Written schedule for inspecting & monitoring safety, emergency, security, operating & structural equipment-265.15(b)(1) | N/A |
| 4. | | Schedule maintained at facility-265.15(b)(2) | |
| 5. | | Schedule identifies all types of problems looked for and frequency of inspections-265.15(b)(3-4) | |
| 6. | | Facility remedies all problems found-265.15(c) | |
| 7. | | Schedule identifies the name of inspector, the date & time of inspection, & the date and nature of repairs-265.15(d) | |
| 8. | | Inspection records maintained for 3 years-265.15(d) | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

9.

Notes/Observations:

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
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Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

H. CLOSURE/POST-CLOSURE

(SQG - N/A, LQG - N/A)

1. Location of closure/post-closure records: _____
2. Person responsible for closure/post-closure records: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|-----|---|----------|
| 3. | | Facility has written closure plan & provides it during inspections-265.112(a) | N/A |
| 4. | | Description of how and when facility will be closed-265.112(b)(1) | |
| 5. | | Estimate of maximum inventory of hazardous waste ever on-site-265.112(b)(3) | |
| 6. | | Detailed description of steps needed to remove & decontaminate all hazardous waste residues and equipment-265.112(b)(4) | |
| 7. | | Description of all other closure activities-265.112(b)(5) | |
| 8. | | Schedule for closure of each hazardous waste management unit-265.112(b)(6) | |
| 9. | | Schedule year of closure for facilities which use trust funds-265.112(b)(7) | |
| 10. | | Facility has written post-closure plan (disposal facilities only)-265.118(a) | |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

11. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
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Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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I. FINANCIAL REQUIREMENTS

(SQG - N/A, LQG - N/A)

1. Location of financial records: _____

2. Person responsible for financial records: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|-----|--|----------|
| 3. | | Closure/post-closure cost estimates maintained at facility-265.142(d)/265.144(d) | N/A |
| 4. | | Written cost estimate in current dollars for closure &/or post-closure-265.142(a) &/or 265.144(a) | |
| 5. | | Cost estimate based on maximum inventories and greatest expense for closure-265.142(a)(1) will be closed-265.112(a)(1) | |
| 6. | | Cost estimate based on hiring a third party to perform closure/post-closure-265.142(a)(2)/265.144(a)(1) | |
| 7. | | Salvage/sale values not incorporated into cost estimates-265.142(a)(3) | |
| 8. | | Cost estimate adjusted for inflation 60 days prior to anniversary date-265.142(b)/265.144(b) | |
| 9. | | Financial assurance instrument for closure/post-closure established-265.143/265.145 (note type of instrument used) | |
| 10. | | Liability insurance or pass financial test for sudden & non-sudden (land treatment/disposal only) occurrences-265.147(a) & (b) | |

/ - in compliance X - not in compliance N/A - not applicable * - please note applicable permit requirement

11. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

J. TANKS

1. Location of tank records: _____
2. Person responsible for tank records: _____
3. Assessing EXISTING tanks without secondary containment:

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|----|-----|--|----------|
| a. | | Performed on all existing tanks by independent PE-265.191(a) | N/A |
| b. | | Performed within 12 month on existing systems which store material that becomes hazardous waste subsequent to July 14, 1986-265.191(c) | |
| c. | | Assessment covers: design standards, characteristics of waste, existing corrosion protection, age, leak test for non-enterable tanks, and ancillary equipment-265.191(b) | |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

d. Notes/Observations: _____

4. Assessing NEW tanks systems:

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|----|-----|---|----------|
| a. | | Written assessment on all new tank systems and components by independent PE-265.192(a) | |
| b. | | Assessment covers: design standards, characteristics of waste, corrosion protection (completed by corrosion expert), tightness prior to use-262.192(a)(1-5) | |
| c. | | Installation inspection performed by independent professional engineer-262.192(b) | |
| d. | | Certification statements of design and inspection at facility-265.192(g) | |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

e. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
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Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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VISUAL REVIEW WORKSHEET AND CHECKLIST

A. CONTAINER STORAGE AREA *same as sat area*
(Complete one form per storage area)

1. Name and location of area: None in Stg (not over 5 gal)
2. Person responsible for area: _____
3. Type of storage area: ☐ < 90 day ☐ < 180 day ☒ < 270 day ☐ I.S. ☐ Permit
4. I.S. capacity: _____ Permitted capacity: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-------------------------------|-----|---|----------|
| 5. | | Date of accumulation marked-262.34(a)(2) | |
| 6. | | Containers marked as "Hazardous Waste"- | |
| 7. | | Containers in good condition-262.34-265.171 | |
| 8. | | Containers are compatible with waste-262.34-265.172 | |
| 9. | | Containers kept closed-262.34-265.173(a) | |
| 10. | | Containers opened, handled, & stored in a manner not to cause them to leak-262.34-265.173(a) | |
| 11. | | Containers storing incompatible separated or protected from each other-262.34-265.177 | |
| 12. | | Containers stored >50 feet from property line [LQG's, I.S. & Permit, only]-262.34-265.176 | |
| 13. | | Adequate aisle space for type of container management and emergency equipment used-265.35 | |
| 14. | | Containers stored for less than 90/180/270 days, as applicable-262.34 | |
| 15. | | Facility inspected weekly-265.174 | |
| ADDITIONAL I.S. REQUIREMENTS* | | | |
| 16. | | Security: controlled entry, 24-hr. surveillance, or barrier-265.14(b) | |
| 17. | | "Danger Unauthorized Personnel Keep Out," signs posted-265.14(c) | |
| 18. | | "No Smoking" signs conspicuously posted-265.17(a) | |
| 19. | | Containers/Tanks clearly marked identifying their contents & with storage start date-268.50(a)(2) | |
| 20. | | LDR wastes not stored over 1 yr. without adequate justification-268.50(c) | |
| 21. | | Daily inspections loading/unloading areas (when in use)-265.15(a)(4) | |
| PRE-TRANSPORT REQUIREMENTS* | | | |
| 22. | | Waste packaged, labeled, marked, per DOT-262.30, 262.31, 262.32, respectively | |
| 23. | | Placards available for use by transporters-262.33 | |

Jeff - He is not sure if they do imp need to ask Deere when they have any in Stg. He did, see training section

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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| # | //x | REGULATORY REQUIREMENTS | COMMENTS |
|-----|-------------------------------------|---|---|
| 24. | <input checked="" type="checkbox"/> | Device available capable of summoning emergency assistance-265.34 | |
| 25. | <input checked="" type="checkbox"/> | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32 | Neutralizing agents No floor absorbent (paper & rice hulls) |
| 26. | <input checked="" type="checkbox"/> | Adequate water supply for fire control equipment-265.32(d) | |
| 27. | <input checked="" type="checkbox"/> | Communication and emergency equipment tested and maintained-265.33 | |
| 28. | <input checked="" type="checkbox"/> | Facility operated and maintained to minimize possibility of emergency-265.31 | |
| 29. | <input checked="" type="checkbox"/> | Emergency coordinator's name and phone number; fire departments phone number, and the location of fire extinguishers and spill control equipment posted near phone (SQG only)-262.34(d) | not posted but all personnel know location |

✓ - in compliance X - not in compliance N/A - not applicable * - please note applicable permit requirement

30. Container inventory: ☐ Actual count ☐ Approximate count

| Waste Type | Container Size | Total |
|------------|---------------------|-------|
| None | x 55 gal. x 30 gal. | |
| | x 55 gal. x 30 gal. | |
| | x 55 gal. x 30 gal. | |
| | x 55 gal. x 30 gal. | |
| | x 55 gal. x 30 gal. | |
| | x 55 gal. x 30 gal. | |
| | x 55 gal. x 30 gal. | |

Total Quantity (pounds, gallons, etc.): _____

31. Total number of containers inspected: _____

32. How were container volumes verified? _____

33. Photos taken to verify observations: ☐ YES ☐ NO Numbers: _____34. Container management area location noted on map or diagram: ☐ YES ☐ NO

35. Notes Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./PPage _____ of 51**B. SATELLITE ACCUMULATION AREA(S)**

1. Total number of satellite areas at facility: _____
2. Person who has overall responsibility for satellite waste management: _____
3. Please note your observations and findings below:

| # | REGULATORY REQUIREMENTS | SA1 | SA2 | SA3 | SA4 | SA5 | SA6 | SA7 | SA8 | SA9 | SA10 |
|-----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 4. | Area at or near the point of generation-262.34(c)(1) | / | / | | | | | | | | |
| 5. | Area under the direct control of operator-262.34(c)(1) | / | / | | | | | | | | |
| 6. | Quantities accumulated do not exceed 55-gallons or 1 quart (acute) -262.34(c)(1) | / | / | | | | | | | | |
| 7. | Excess accumulation removed within 3 days-262.34(c)(2) <i>Store + Acc in advance</i> | N/A | N/A | | | | | | | | |
| 8. | Containers marked identifying their contents-262.34(c)(1) | / | / | | | | | | | | |
| 9. | Containers in good condition-262.34(c)(1) | / | / | | | | | | | | |
| 10. | Containers are compatible with waste-262.34(c)(1) | / | / | | | | | | | | |
| 11. | Containers kept closed-262.34(c)(1) | / | / | | | | | | | | |

/ - in compliance X - not in compliance N/A - not applicable

Satellite Area - SA1:Name/Location of area: QC Lab

Person responsible for area: _____

Type(s) of waste accumulated: Acetone + NaOHNumber and Type of containers: 2 (1 empty) (1 55gal $\frac{2}{3}$ full)How were container volumes verified? tappingPhotos taken? ☐ YES ☒ NO

Photo numbers: _____

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations: _____

DOCUMENTATION:

HOW are the facts known?
 HOW long did it happen?

WHO said what? WHEN did it happen?
 and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./PPage _____ of 28

Satellite Area - SA2:

Name/Location of area: QC Lab

Person responsible for area: _____

Type(s) of waste accumulated: Methanol (unknown)Number and Type of containers: 1 - 15 gal ~ 4/5 fullHow were container volumes verified? tappingPhotos taken? ☐ YES ☒ No

Photo numbers: _____

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations: _____

Satellite Area - SA3:

Name/Location of area: _____

Person responsible for area: _____

Type(s) of waste accumulated: _____

Number and Type of containers: _____

How were container volumes verified? _____

Photos taken? ☐ YES ☐ No

Photo numbers: _____

Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

Satellite Area - SA4:

Name/Location of area: _____

Person responsible for area: _____

Type(s) of waste accumulated: _____

Number and Type of containers: _____

How were container volumes verified? _____

Photos taken? ☐ YES ☐ No

Photo numbers: _____

Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

DOCUMENTATION:

HOW are the facts known?

WHO said what?

WHEN did it happen?

HOW long did it happen?

and WHAT PROOF WAS OBTAINED?

C. TANK STORAGE AREA

1. Total number of tanks at facility: _____
2. Person who has overall responsibility for tanks: _____
3. Please note your observations and findings below:
4. I.S. capacity: _____ Permitted capacity: _____

| # | LOG/I.S. REGULATORY REQUIREMENTS* | TA1 | TA2 | TA3 | TA4 | TA5 | TA6 | TA7 | T88 | TA9 | TAM |
|-----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 5. | Secondary containment (Sec. cont.) for all new tanks; installed after July 14, 1986; over 15 years old; of unknown age in facility over 15 years old; repaired, replaced or reinstalled after July 14, 1986-265.193(a) | | | | | | | | | | |
| 6. | Sec. cont. material constructed of impervious & compatible material-265.193(c)(2) | | | | | | | | | | |
| 7. | Sec. cont. capable of preventing failure due to settlement, compression or uplift-265.193(c)(3) | | | | | | | | | | |
| 8. | Sec. cont. of ancillary equipment, except: above ground piping, welded flanges, joints, connections, sealless or magnetic pumps, pressurized piping with automatic shutoff devices, if inspected daily-265.193(f) | | | | | | | | | | |
| 9. | Sec. cont. provided with leak detection system capable of detecting leaks within a 24 hr. period-265.193(c)(3) | | | | | | | | | | |
| 10. | Spilled or leaked waste & precipitation removed from sec. cont. within 24 hrs. or as soon as possible-265.193(c)(4) | | | | | | | | | | |
| 11. | Sec. cont. capable of containing 100% of largest tank-265.193(e)(2) | | | | | | | | | | |
| 12. | Storage tanks clearly labeled "Hazardous Waste" (generator only)-262.34(a)(3) | | | | | | | | | | |
| 13. | Spill & overflow prevention controls (check valves, dry disconnects, level sensing devices, high level alarms, automatic feed cutoffs, maintenance of sufficient freeboard, etc.) in place and operating-265.194(b) | | | | | | | | | | |
| 14. | Waste or treatment method compatible with tank-265.194(a) | | | | | | | | | | |
| 15. | Incompatible wastes not placed in same tank-265.199(a) | | | | | | | | | | |
| 16. | Ignitable/reactive waste treated/stored per NFPA's buffer zone requirements-265.198(b) | | | | | | | | | | |
| 17. | Ignitable/reactive waste treated/stored to prevent ignition-265.198(a) | | | | | | | | | | |
| 18. | Daily inspection of spill/overflow equipment, above ground portions of tank system, sec. cont., & data from monitoring equipment-265.195(a) | | | | | | | | | | |
| 19. | Cathodic protection system inspected annually & impressed current systems every 2 months-265.195(b) | | | | | | | | | | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S.,P

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| # | LOG/I.S. REGULATORY REQUIREMENTS* | TA1 | TA2 | TA3 | TA4 | TA5 | TA6 | TA7 | TA8 | TA9 | TA10 |
|---|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 20. | Device available capable of summoning emergency assistance-265.34 | | | | | | | | | | |
| 21. | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32 | | | | | | | | | | |
| 22. | Adequate water supply for fire control equipment-265.32(d) | | | | | | | | | | |
| 23. | Communication and emergency equipment tested and maintained-265.33 | | | | | | | | | | |
| 24. | Facility operated and maintained to minimize possibility of emergency-265.31 | | | | | | | | | | |
| SMALL QUANTITY GENERATOR TANK REQUIREMENTS | | | | | | | | | | | |
| 25. | Uncovered tanks have 2 ft. freeboard or containment system-265.201(b) | | | | | | | | | | |
| 26. | Continuously fed tanks equipped with feed cut-off system or by-pass system-265.201(b) | | | | | | | | | | |
| 27. | Ignitable/reactive waste treated/stored per NFPA's buffer zone requirements-265.201(e) | | | | | | | | | | |
| 28. | Ignitable/reactive waste treated/stored to prevent ignition-195.201(e) | | | | | | | | | | |
| 29. | Wastes compatible with tank-265.201(b) | | | | | | | | | | |
| 30. | Incompatible wastes not placed in same tank-265.201(f) | | | | | | | | | | |
| 31. | Daily inspections of: waste feed cut-off/by-pass system, monitoring equipment, freeboard, & tank level-265.201(c) | | | | | | | | | | |
| 32. | Weekly inspections of construction material & for leaks, discharges, & corrosion-265.201(c) | | | | | | | | | | |
| 33. | Date of accumulation & "Hazardous Waste" clearly marked on tank-262.34(d)(4) | | | | | | | | | | |
| 34. | Waste stored <180/270 days-262.34(e)/(f) | | | | | | | | | | |
| 35. | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-262.34(d)(4)-265.32 | | | | | | | | | | |
| 36. | Adequate water supply and fire control equipment-262.34(d)(4) | | | | | | | | | | |
| 37. | Employees familiar with waste handling and emergency procedures-262.34(d)(5) | | | | | | | | | | |
| 38. | Devise in hazardous waste area capable of summoning emergency assistance-262.34(d)(4) | | | | | | | | | | |
| 38. | Facility operated/maintained to minimize possible of emergency-262.34(d)(4) | | | | | | | | | | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page _____ of 31

Tank - T1

Name & location of tank: _____

Person responsible for tank area: _____

Age of tank when it first stored/treated/held a hazardous waste: _____

How was age verified? _____

Tank design capacity: _____ Type of waste in tank: _____

Volume currently in the tank: _____ How was volume verified? _____

Length of time in tank: ☐ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ PermitPhotos taken? ☐ YES ☐ No Photo numbers: _____Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

Tank - T2

Name & location of tank: _____

Person responsible for tank area: _____

Age of tank when it first stored/treated/held a hazardous waste: _____

How was age verified? _____

Tank design capacity: _____ Type of waste in tank: _____

Volume currently in the tank: _____ How was volume verified? _____

Length of time in tank: ☐ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ PermitPhotos taken? ☐ YES ☐ No Photo numbers: _____Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

EXIT BRIEFING WORKSHEET

1. Initial procedures:

- ☐ Reviewed all data collection worksheets, checklists, field notes, and collected documents to ensure that all necessary information has been collected and documented. This review included the following:

- Documentation of the location of the violation, the type and amount of waste involved, the duration or time frame of the violation, the specific dates when the violation first started occurring, and the number of times or frequency that the same violation was found at the facility.

- Documentation regarding illegal waste management units, including: information about the units location (diagram/picture), its dimensions, its conditions, the construction material, the gradient of the base (for spills), and all other relevant information.

- Documentation regarding illegal disposal situations, including: information about each occurrence, eg. where the waste was sent or disposed of, how it was shipped, who shipped it, when it was shipped or disposed of, how much was shipped or disposed of, how the waste was managed at the disposal site (land disposed, burned, etc.).

- ☐ Identified/verified violations from previous inspection were corrected (if applicable)

Note additional information needed and/or questions for facility representative(s):

- ☐ Prepared Notice of Violation (NOV) form, if applicable
- ☐ Prepared Document Receipt form
- ☐ Pollution Prevention Checklist completed
- ☐ Multi-Media screening completed, media(s): _____

2. Exit Briefing:

- ☐ Addressed all unresolved inspection related issues
- ☐ Provided facility with Document Receipt
- ☐ Provided facility with Page 3 of CBI form (only if facility makes a CBI claim)
- ☐ Explained that the findings and observations resulting from the inspection were based on your current knowledge of RCRA and that the final findings may differ
- ☐ Explained that the compliance officer will make the final compliance decisions regarding the findings and observations of the inspection and that all compliance related questions should be directed toward them
- ☐ Explained that any recommendations provided during the inspection are for informational purposes only and **DO NOT** require specific actions by the facility
- ☐ Summarized the findings and observations for the facility representatives

Notes _____

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of 33

3. Notice of Violation prepared and issued? ☐ YES ☐ NO (If yes complete below)☐ All violations were clearly identified and explained, including: the circumstances, location, and the applicable regulations☐ Explained the importance of a timely and adequate response4. Specific information requested from facility? ☐ YES ☐ NO
(Note: Request all information in writing and copy)

List information to be submitted to EPA: _____

5. Actions facility representatives said they would take as a result of the inspection:
(Note who made these statements) ☐ YES ☐ NO6. Facility appears to have awareness of RCRA regulations and/or has its own environmental staff? ☐ YES ☐ NO7. Facility appears to have little to no knowledge of RCRA? ☐ YES ☐ NO8. Facility has copy of applicable regulations? ☐ YES ☐ NO9. Note attitude and demeanor of facility representative(s) if applicable: ☐ N/A

| | | | |
|----------------|--------------------------|------------------------------|---------------------|
| DOCUMENTATION: | HOW are the facts known? | WHO said what? | WHEN did it happen? |
| | HOW long did it happen? | and WHAT PROOF WAS OBTAINED? | |

Activity #: _____

Page ____ of ____

SITE ENTRY AND INBRIEFING WORKSHEET

1. Initial entry procedures:

☒ Used main entrance☒ Entered during normal operating hours2. Facility Representative(s): Gregory P. BergtTitle: Director, R & DJeff NielsenTitle: Director of Operations

Title: _____

3. Does the facility representative(s) have intimate knowledge of all aspects of the waste generation and management practices? ☒ YES ☒ NO
(How was this verified?)

4. How long has facility representative worked in their position? _____

5. Were unreasonable or excessive delays encountered (>15 minutes): ☐ YES ☒ NO

6. Introduction:

☒ Presented credentials☒ Verified presence at correct facility (checked address/I.D. #)☒ Explained authority to conduct inspection (Section 3007 of RCRA)☒ Explained the purpose, scope, and order of the inspection☒ Explained documentation process through the use of worksheets, checklists, photo's, notes, statements, etc.☒ Explained EPA's need to collect and the facilities responsibility to provide accurate information and provided copies of Section 1001 and 1002 U.S.C. to facility☒ Explained facility's right to claim CBI and provided pages 1 and 2 of CBI form for signatures☒ Identified personal safety considerations: _____☒ Explained that findings and observations are based on your current knowledge of RCRA and that the final findings may differ7. Was full access granted? ☒ YES By who? (name): facility reps☐ NO Obtain name of person denying access, time of denial, reason for denial, or note limitations placed on access: _____

| | | | |
|----------------|--------------------------|------------------------------|---------------------|
| DOCUMENTATION: | HOW are the facts known? | WHO said what? | WHEN did it happen? |
| | HOW long did it happen? | and WHAT PROOF WAS OBTAINED? | |

Activity #: _____

Page ____ of ____

FACILITY BACKGROUND WORKSHEET

1. Site history:

Date facility began operating: 1985 Number of employees: 25
 Number of shifts/hours worked: 10 hrs Number of days worked per week: 4
 Size (sq. ft., how divided): unknown

Property owner and facility operator the same? ☒ YES ☐ NO

2. Major products or services provided: Medicated feed manufacturer

3. Major raw materials used: see screening report checklist

**4. Major manufacturing or processing operations which generate waste streams:
 (provide brief description)**

Operation

Waste Stream(s)

screening
see checklist

blending

5. Complete a Generator Waste Stream Worksheet and/or Off-Site Waste Stream Worksheet for the waste streams noted above and then finish this form.

Activity #: _____

Page ____ of ____

6. Verified/compared above information with facility Notification Form: ☒ YES ☐ NORCRIS Handler Form

7. GENERATOR STATUS: ☐ CE (0-100kg/mo) ☒ SQG (100-1000kg/mo) ☐ LQG (>1000kg/mo)
(based on records review)

Is facility's status solidly within above category? ☒ YES ☐ NO
(If not carefully verify status and document)

8. TSD STATUS: ☐ Treatment ☐ Storage ☐ Disposal

Note: Types of units, number of units, capacities, processes, etc.

Evaporated spent solvent prior to 8/95 (see ^{screening} report checklist)

9. Resolved questions from Pre-Inspection Worksheet? ☐ YES ☐ NO ☒ No Questions

10. Resolved compliance officers questions from Pre-Inspection Worksheet? ☐ YES ☐ NO ☒ No Questions

11. Requested site map or diagram to identify all observations? ☐ YES ☒ None available

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Page ____ of ____

GENERATOR WASTE STREAM WORKSHEET1. Name of waste stream: See screening checklist2. Waste stream generation process: _____

3. Amount and frequency of waste stream generation (note amount per ____):

____ Gallons ____ Pounds per ☐ Day ☐ Week ☐ Month☐ Other : _____☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Satellite Accumulation | <input type="checkbox"/> Container Storage | <input type="checkbox"/> Tank Storage |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Disposal | <input type="checkbox"/> Other |

Stated storage times (days): ☐ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: _____

Frequency of shipments: _____

Transporter: _____

Ultimate disposition of waste: ☐ Known ☐ Unknown

6. Number of years/months facility generated this waste: From: _____ To: _____

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☐ NO8. Facility considers this waste to be: ☐ Hazardous ☐ Non-Hazardous9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)☐ By product knowledge
(MSDS, other info)☐ By process knowledge
(use of material)☐ By testing
(test results)

Activity #: _____

Page ____ of ____

10. EPA waste codes identified by facility: _____

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO12. Were hazardous waste determination adequate? ☐ YES ☐ NO
(includes LDR and analysis for on-site treatment)13. Waste determination made by inspector? ☐ YES ☐ NO

(Remember to obtain proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? ☐ YES ☐ NO15. Is waste stream consistent with generator Notification? ☐ YES ☐ NO

16. Notes/Observations: _____

////////////////////////////////////

VISUAL VERIFICATION SECTION17. Are waste generation processes the same as previously described?: ☐ YES ☐ NO18. Do the EPA waste codes appear correct? ☐ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations: _____

////////////////////////////////////

| | | | |
|----------------|--------------------------|------------------------------|---------------------|
| DOCUMENTATION: | HOW are the facts known? | WHO said what? | WHEN did it happen? |
| | HOW long did it happen? | and WHAT PROOF WAS OBTAINED? | |

Activity #: _____

Page ____ of ____

OFF-SITE WASTE STREAM WORKSHEET - TSD's ONLY **N/A**

1. Name or type of waste stream(s): _____

2. Amount and frequency received (note amount per ____):

____ Gallons ____ Pounds ____ Tons per ☐ Day ☐ Month ☐ Month ☐ Year☐ Other: _____

3. On-site management practices (check all that apply):

☐ Container Storage ☐ Tank Storage ☐ Treatment☐ Disposal ☐ Other: _____4. Off-site management activities: ☐ N/A

Shipped to: _____

Frequency of shipments: _____

Transporter: _____

Ultimate disposition of waste: ☐ Known ☐ Unknown

6. Number or years/months facility managed this waste: From: _____ To: _____

7. Facility considers this waste to be: ☐ Hazardous ☐ Non-Hazardous8. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)☐ By generator supplied information ☐ By testing

9. EPA waste codes _____

10. Is waste stream consistent with generator Notification? ☐ YES ☐ NO

16. Notes/Observations: _____

| | | | |
|----------------|--------------------------|------------------------------|---------------------|
| DOCUMENTATION: | HOW are the facts known? | WHO said what? | WHEN did it happen? |
| | HOW long did it happen? | and WHAT PROOF WAS OBTAINED? | |

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

RECORDS REVIEW WORKSHEET AND CHECKLIST**A. MANIFESTS**

1. Location of manifests: _____

2. Person(s) responsible for manifests: _____

| # | //x | REGULATORY REQUIREMENT | MANIFEST #'s AND COMMENTS |
|-----|-----|--|---|
| 3. | / | Facility uses manifest system-262.20(a) | <p>Did not use manifest prior to 8/95 as evaporated spent solvent on-site</p> <p>use manifest</p> |
| 4. | / | Manifests maintained for 3 years-262.40(a) | |
| 5. | / | Generator EPA I.D. number-262.20(a) | |
| 6. | / | Generator name, address, phone number-262.20(a) | |
| 7. | / | Transporter(s) name & EPA I.D. number-262.20(a) | |
| 8. | / | Designate facility name, address, phone number, & EPA I.D. number-262.20(a) | |
| 9. | — | Alternate facility designated-262.20(c) | |
| 10. | / | Five digit document number-262.20(a) | |
| 11. | / | DOT shipping name, hazard class, waste code, & RQ (if required-49 CFR 172)-262.20(a) | |
| 12. | / | Containers: numbers, type, quantity, unit wt/vol. -262.20(a) | |
| 13. | / | Proper certification including waste minimization-262.20(a) | |
| 14. | / | Signed and dated-262.23(a) | |
| 15. | — | Exception report submitted if necessary-262.42 | |
| 16. | | Waste reclaimed under contractual agreement (SQG only)-262.20(e)(1) | |
| 17. | | Generator maintains copy of contractual agreement (SQG only)-262.20(e)(2) | |
| 18. | / | LDR notification/certification sent with all manifests or (1st shipment under tolling agreement, SQG only)-268.7(a) | |
| 19. | / | LDR notification/certification includes: manifest number, correct EPA waste codes & treatment standards, and waste analysis data-268.7 | |
| 20. | | LDR notification/certification maintained for 5 years-268.7.(a)(7) | |

✓-in compliance X-not in compliance N/A-not applicable

21. Approximate number of manifests generated since last inspection _____, or over past 3 years _____

22. Approximate number of manifests reviewed: 21423. Copies of manifests made with regulatory violations? ☐ YES ☐ NO24. Biennial Reports submitted per 262.41? ☐ YES ☐ NO

DOCUMENTATION: **HOW** are the facts known? **WHO** said what? **WHEN** did it happen?
HOW long did it happen? and **WHAT PROOF WAS OBTAINED?**

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

25. Additional requirements for off-site generated manifests: N/A (please note

| # | /X | ADDITIONAL I.S./PERMIT* REGULATORY REQUIREMENTS | MANIFEST #'s AND COMMENTS |
|----|----|--|---------------------------|
| a. | | Manifests signed and dated-265.71(a)(1) | |
| b. | | Manifest discrepancies noted and corrected w/in 15 days-265.71(a)(2) | |
| c. | | Copy immediately given to transporter-265.71(a)(3) | |
| d. | | Copy sent to generator w/in 30 days-265.71(a)(4) | |
| e. | | Manifests retained for 3 years-265.71(a)(5) | |
| f. | | LDR notification/certifications retained for 5 years-268.7(b)(6) | |

/ - in compliance X - not in compliance N/A - not applicable * - please note applicable permit requirement

g. Approximate number of manifest received since last inspection _____, or over past 3 years _____

h. Approximate number of manifests reviewed: _____

i. Copies of manifests made with regulatory violations? ☐ YES ☐ NOj. Biennial Reports submitted per 265.75 ☐ YES ☐ NO

26. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

B. PREPAREDNESS AND PREVENTION

1. Name of designated Emergency Coordinator(s): _____

| # | //x | REGULATORY REQUIREMENTS | COMMENTS |
|----|-------------------------------------|---|---|
| 2. | X | Arrangements with local emergency agencies made- 262.34(d)(4)-265.37 [SQG] or 262.34(a)(4)-265.37 [LQG, I.S.] | According to Mr. Wilson, the Fire Dept came in and looked at their fire extinguishers. Nothing w/ police & hospital |
| 3. | <input checked="" type="checkbox"/> | Emergency coordinator on premiss or on call- 262.34(d)(5) [SQG] or 262.34(a)(4)-265.35 [LQG, I.S.] | Safety Dir - Deeny Ferrand |

/-in compliance X-not in compliance N/A-not applicable

4. Can local emergency agencies handle a contaminated person from this facility?

☐ YES ☐ NO

5. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

C. CONTINGENCY PLAN N/A

(SQG - N/A, LQG's-262.34(d)(4) referencing 265 Subpart D, I.S.-265 only)

1. Location of contingency plan: _____
2. Person responsible for contingency plan: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|-----|---|----------|
| 3. | | Has contingency plan-265.51(a) | |
| 4. | | Contingency plan maintained on-site-265.53(a) | |
| 5. | | Plan submitted to emergency response agencies-265.53(a) | |
| 6. | | Description of actions needed to respond to fires, explosions, or releases of hazardous waste-265.52(a) | |
| 7. | | Description of arrangements with local emergency agencies, as appropriate-265.52(c) | |
| 8. | | List names, addresses & phone numbers (both home and office) of emergency coordinators & designate primary EC-265.52(d) | |
| 9. | | List & describe emergency equipment, its location and its capabilities, as required-265.52(e) | |
| 10. | | Include complete evacuation plan, if required-265.52(f) | |
| 11. | | Emergency coordinator must be thoroughly familiar with all aspects of facility-265.55 | |

/ - in compliance X - not in compliance N/A - not applicable * - please note applicable permit requirements

12. Notes/Observations: _____

DOCUMENTATION:

HOW are the facts known?
HOW long did it happen?WHO said what? WHEN did it happen?
and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

D. PERSONNEL TRAINING

(SQG - N/A, LQG's-262.34(a)(4) referencing 265.16, I.S.-265.16 only)

1. Location of personnel training records: _____
2. Person responsible for personnel training records: _____
3. Person responsible for conducting the personnel training: _____

| # | /x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|----|--|----------|
| 4. | | Program director trained in hazardous waste management procedures-265.16(a)(2) | |
| 5. | | Employees do not work unsupervised without completing training & are trained within 6 mo. of initial hiring-265.16(b) | |
| 6. | | Job title & name of person filling position specified-265.16(d)(1) | |
| 7. | | Written job description including: skills, education, qualification, and duties-262.16(d)(2) | |
| 8. | | Written description of type and amount of introductory & continuing training provided-265.16(d)(3) | |
| 9. | | Training covers: response to emergencies, implementation of contingency plan, use of alarms, waste feed cut-offs & other emergency equipment, as required-265.16(a)(3) | |
| 10. | | Documentation confirming training has been completed-265.16(d)(4) | |
| 11. | | Records maintained on-site & for 3 years-265.16(d) & (e) respectively | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

12. Notes/Observations: _____

During Lab Safety Training cover the handling of acid, bases & solvents

DOCUMENTATION: **HOW** are the facts known? **WHO** said what? **WHEN** did it happen?
 HOW long did it happen? and **WHAT PROOF** WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

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E. WASTE ANALYSIS/WASTE DETERMINATION AND LAND DISPOSAL RESTRICTIONS

1. Location of waste analysis/waste determination records: _____
2. Person responsible for waste analysis/waste determination: _____

| # | //x | REGULATORY REQUIREMENTS | COMMENTS |
|---|-----|---|---|
| 3. | | Determines if waste is a hazardous waste-262.11 | will do on new waste stream, now handling as F003 |
| 4. | | Determines if waste is restricted from land disposal-262.11(d)-268.7(a) | |
| 5. | | Generators waste analysis plan on-site for treatment in tanks/containers to meet LDR treatment standards-262.34(a)(4) [LOG] or 262.34(d)(4) [SQG] - 268.7(a)(4) | |
| 6. | | Impermissible dilution of waste to meet LDR standards is not occurring-268.11(d)-268.3(a) & (b) | |
| ADDITIONAL I.S./PERMIT REQUIREMENTS N/A | | | |
| 7. | | Obtains complete analysis before treatment, storage, or disposal-265.13(a) | |
| 8. | | Has method to inspect, track, and analyze all off-site generated waste for consistency with manifest descriptions-265.13(c) | |
| 9. | | Facility has written plan on-site which specifies: parameters, rational, test methods, sampling methods, frequency, waste analysis information from generator, list of applicable waste analysis methods to meet additional waste management requirements including LDR-265.13(b) | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit standards

10. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

F. OPERATING RECORD

(SQG - N/A) LQG - N/A)

1. Location of operation records: _____

2. Person responsible for operating records: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|----|-----|---|----------|
| 3. | | Written operation record maintained on-site, and until closure-265.73(a) & (b) respectively | |
| 4. | | Description of quantity (estimated weight or volume & density), method(s) and date(s) of treatment, storage, or disposal, including: name & EPA waste code(s), physical form, process which produced waste, & handling codes-265.73(b)(1) | |
| 5. | | Location and quantity of each hazardous waste at facility cross-referenced to the specific manifest-265.73(b)(2) | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

6. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

G. INSPECTIONS

(SQG - N/A, LQG - N/A)

1. Location of inspection records: _____

2. Person(s) responsible for conducting inspections: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|----|-----|---|----------|
| 3. | | Written schedule for inspecting & monitoring safety, emergency, security, operating & structural equipment-265.15(b)(1) | |
| 4. | | Schedule maintained at facility-265.15(b)(2) | |
| 5. | | Schedule identifies all types of problems looked for and frequency of inspections-265.15(b)(3-4) | |
| 6. | | Facility remedies all problems found-265.15(c) | |
| 7. | | Schedule identifies the name of inspector, the date & time of inspection, & the date and nature of repairs-265.15(d) | |
| 8. | | Inspection records maintained for 3 years-265.15(d) | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

9. Notes/Observations: _____

DOCUMENTATION:

HOW are the facts known?
HOW long did it happen?WHO said what? WHEN did it happen?
and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LOG ☐ I.S./P

Page of

H. CLOSURE/POST-CLOSURE

(SOG - N/A, LOG - N/A)

1. Location of closure/post-closure records: _____

2. Person responsible for closure/post-closure records: _____

| # | //x | REGULATORY REQUIREMENTS | COMMENTS |
|-----|-----|---|----------|
| 3. | | Facility has written closure plan & provides it during inspections-265.112(a) | |
| 4. | | Description of how and when facility will be closed-265.112(b)(1) | |
| 5. | | Estimate of maximum inventory of hazardous waste ever on-site-265.112(b)(3) | |
| 6. | | Detailed description of steps needed to remove & decontaminate all hazardous waste residues and equipment-265.112(b)(4) | |
| 7. | | Description of all other closure activities-265.112(b)(5) | |
| 8. | | Schedule for closure of each hazardous waste management unit-265.112(b)(6) | |
| 9. | | Schedule year of closure for facilities which use trust funds-265.112(b)(7) | |
| 10. | | Facility has written post-closure plan (disposal facilities only)-265.118(a) | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

11. Notes/Observations:

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

I. FINANCIAL REQUIREMENTS

(SQG - N/A) LQG - N/A)

1. Location of financial records: _____
2. Person responsible for financial records: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|-----|--|----------|
| 3. | | Closure/post-closure cost estimates maintained at facility-265.142(d)/265.144(d) | |
| 4. | | Written cost estimate in current dollars for closure &/or post-closure-265.142(a) &/or 265.144(a) | |
| 5. | | Cost estimate based on maximum inventories and greatest expense for closure-265.142(a)(1) will be closed-265.112(a)(1) | |
| 6. | | Cost estimate based on hiring a third party to perform closure/post-closure-265.142(a)(2)/265.144(a)(1) | |
| 7. | | Salvage/sale values not incorporated into cost estimates-265.142(a)(3) | |
| 8. | | Cost estimate adjusted for inflation 60 days prior to anniversary date-265.142(b)/265.144(b) | |
| 9. | | Financial assurance instrument for closure/post-closure established-265.143/265.145 (note type of instrument used) | |
| 10. | | Liability insurance or pass financial test for sudden & non-sudden (land treatment/disposal only) occurrences-265.147(a) & (b) | |
| | | | |
| | | | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

11. Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

J. TANKS - N/A

1. Location of tank records: _____

2. Person responsible for tank records: _____

3. Assessing ~~EXISTING~~ tanks without secondary containment:

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|----|-----|--|----------|
| a. | | Performed on all existing tanks by independent PE-265.191(a) | |
| b. | | Performed within 12 month on existing systems which store material that becomes hazardous waste subsequent to July 14, 1986-265.191(c) | |
| c. | | Assessment covers: design standards, characteristics of waste, existing corrosion protection, age, leak test for non-enterable tanks, and ancillary equipment-265.191(b) | |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

d. Notes/Observations: _____

4. Assessing ~~NEW~~ tanks systems:

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|----|-----|---|----------|
| a. | | Written assessment on all new tank systems and components by independent PE-265.192(a) | |
| b. | | Assessment covers: design standards, characteristics of waste, corrosion protection (completed by corrosion expert), tightness prior to use-262.192(a)(1-5) | |
| c. | | Installation inspection performed by independent professional engineer-262.192(b) | |
| d. | | Certification statements of design and inspection at facility-265.192(g) | |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

e. Notes/Observations: _____

DOCUMENTATION: **HOW** are the facts known? **WHO** said what? **WHEN** did it happen?
 HOW long did it happen? and **WHAT PROOF WAS OBTAINED?**

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

VISUAL REVIEW WORKSHEET AND CHECKLIST**A. CONTAINER STORAGE AREA** *Same as Satellite Accumulation Area*
(Complete one form per storage area) *Inspected area as a Sat Acc Area as*1. Name and location of area: Lqb *< 55 gal. was being stored*

2. Person responsible for area: _____

3. Type of storage area: ☐ < 90 day ☐ < 180 day ☒ < 270 day ☐ I.S. ☐ Permit

4. I.S. capacity: _____

Permitted capacity: _____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|-----|---|----------|
| 5. | | Date of accumulation marked-262.34(a)(2) | |
| 6. | | Containers marked as "Hazardous Waste"- | |
| 7. | | Containers in good condition-262.34-265.171 | |
| 8. | | Containers are compatible with waste-262.34-265.172 | |
| 9. | | Containers kept closed-262.34-265.173(a) | |
| 10. | | Containers opened, handled, & stored in a manner not to cause them to leak-262.34-265.173(a) | |
| 11. | | Containers storing incompatible separated or protected from each other-262.34-265.177 | |
| 12. | | Containers stored >50 feet from property line [LQG's, I.S. & Permit, only]-262.34-265.176 | |
| 13. | | Adequate aisle space for type of container management and emergency equipment used-265.35 | |
| 14. | | Containers stored for less than 90/180/270 days, as applicable-262.34 | |
| 15. | | Facility inspected weekly-265.174 | |
| | | ADDITIONAL I.S. REQUIREMENTS* <i>N/A</i> | |
| 16. | | Security: controlled entry, 24-hr. surveillance, or barrier-265.14(b) | |
| 17. | | "Danger Unauthorized Personnel Keep Out," signs posted-265.14(c) | |
| 18. | | "No Smoking" signs conspicuously posted-265.17(a) | |
| 19. | | Containers/Tanks clearly marked identifying their contents & with storage start date-268.50(a)(2) | |
| 20. | | LDR wastes not stored over 1 yr. without adequate justification-268.50(c) | |
| 21. | | Daily inspections loading/unloading areas (when in use)-265.15(a)(4) | |
| | | PRE-TRANSPORT REQUIREMENTS* | |
| 22. | | Waste packaged, labeled, marked, per DOT-262.30, 262.31, 262.32, respectively | |
| 23. | | Placards available for use by transporters-262.33 | |

Everything use drums (could waste) inspect them for labels and make sure closed. Drums are not inspected for condition

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|-----|-----|---|--|
| 24. | / | Device available capable of summoning emergency assistance-265.34 | Neutralizing agents absorbent (paper or rice hulls) |
| 25. | / | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32 | |
| 26. | / | Adequate water supply for fire control equipment-265.32(d) | |
| 27. | / | Communication and emergency equipment tested and maintained-265.33 | |
| 28. | / | Facility operated and maintained to minimize possibility of emergency-265.31 | |
| 29. | X | Emergency coordinator's name and phone number, fire departments phone number, and the location of fire extinguishers and spill control equipment posted near phone (SQG only)-262.34(d) | |

/- in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

30. Container inventory:

☐ Actual count☐ Approximate count

| Waste Type | Container Size | | Total |
|-------------------|----------------|-----------|-------|
| None (all 55 gal) | x 55 gal. | x 30 gal. | |
| | x 55 gal. | x 30 gal. | |
| | x 55 gal. | x 30 gal. | |
| | x 55 gal. | x 30 gal. | |
| | x 55 gal. | x 30 gal. | |
| | x 55 gal. | x 30 gal. | |
| | x 55 gal. | x 30 gal. | |

Total Quantity (pounds, gallons, etc.): _____

31. Total number of containers inspected: _____

32. How were container volumes verified? Visual/tapping33. Photos taken to verify observations: ☐ YES ☐ NO Numbers: _____34. Container management area location noted on map or diagram: ☐ YES ☐ NO

35. Notes Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

B. SATELLITE ACCUMULATION AREA(S)

1. Total number of satellite areas at facility: _____
2. Person who has overall responsibility for satellite waste management: _____
3. Please note your observations and findings below:

| # | REGULATORY REQUIREMENTS | SA1 | SA2 | SA3 | SA4 | SA5 | SA6 | SA7 | SA8 | SA9 | SA10 |
|-----|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 4. | Area at or near the point of generation- 262.34(c)(1) | / | / | | | | | | | | |
| 5. | Area under the direct control of operator- 262.34(c)(1) | / | / | | | | | | | | |
| 6. | Quantities accumulated do not exceed 55-gallons or 1 quart (acute) -262.34(c)(1) | / | / | | | | | | | | |
| 7. | Excess accumulation removed within 3 days- 262.34(c)(2) <i>Store & Acc in same area</i> | N/A | N/A | | | | | | | | |
| 8. | Containers marked identifying their contents- 262.34(c)(1) | / | / | | | | | | | | |
| 9. | Containers in good condition-262.34(c)(1) | / | / | | | | | | | | |
| 10. | Containers are compatible with waste- 262.34(c)(1) | / | / | | | | | | | | |
| 11. | Containers kept closed-262.34(c)(1) | / | / | | | | | | | | |

✓-in compliance X-not in compliance N/A-not applicable

Satellite Area - SA1:Name/Location of area: QC Lab

Person responsible for area: _____

Type(s) of waste accumulated: Acetone & NaOHNumber and Type of containers: 2 (1 empty 15gal drum) (1-55gal drum $\frac{2}{3}$ full)How were container volumes verified? TappingPhotos taken? ☐ YES ☒ No

Photo numbers: _____

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations: _____

DOCUMENTATION:**HOW** are the facts known?**WHO** said what?**WHEN** did it happen?**HOW** long did it happen?and **WHAT PROOF** WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

Satellite Area - SA2:

Name/Location of area: QC Lab

Person responsible for area: _____

Type(s) of waste accumulated: MethanolNumber and Type of containers: 1 - 15 gal drum ~ 4/5 fullHow were container volumes verified? tappingPhotos taken? ☐ YES ☒ No Photo numbers: _____Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations: _____

Satellite Area - SA3:

Name/Location of area: _____

Person responsible for area: _____

Type(s) of waste accumulated: _____

Number and Type of containers: _____

How were container volumes verified? _____

Photos taken? ☐ YES ☐ No Photo numbers: _____Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

Satellite Area - SA4:

Name/Location of area: _____

Person responsible for area: _____

Type(s) of waste accumulated: _____

Number and Type of containers: _____

How were container volumes verified? _____

Photos taken? ☐ YES ☐ No Photo numbers: _____Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

| | | | |
|----------------|--------------------------|------------------------------|---------------------|
| DOCUMENTATION: | HOW are the facts known? | WHO said what? | WHEN did it happen? |
| | HOW long did it happen? | and WHAT PROOF WAS OBTAINED? | |

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

C. TANK STORAGE AREA *N/A*

1. Total number of tanks at facility: _____
2. Person who has overall responsibility for tanks: _____
3. Please note your observations and findings below:
4. I.S. capacity: _____ Permitted capacity: _____

| # | LOG/I.S. REGULATORY REQUIREMENTS* | TA1 | TA2 | TA3 | TA4 | TA5 | TA6 | TA7 | TB8 | TA9 | TABE |
|-----|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 5. | Secondary containment (Sec. cont.) for all new tanks; installed after July 14, 1986; over 15 years old; of unknown age in facility over 15 years old; repaired, replaced or reinstalled after July 14, 1986-265.193(a) | | | | | | | | | | |
| 6. | Sec. cont. material constructed of impervious & compatible material-265.193(c)(2) | | | | | | | | | | |
| 7. | Sec. cont. capable of preventing failure due to settlement, compression or uplift-265.193(c)(3) | | | | | | | | | | |
| 8. | Sec. cont. of ancillary equipment, except: above ground piping, welded flanges, joints, connections, sealless or magnetic pumps, pressurized piping with automatic shutoff devices, if inspected daily-265.193(f) | | | | | | | | | | |
| 9. | Sec. cont. provided with leak detection system capable of detecting leaks within a 24 hr. period-265.193(c)(3) | | | | | | | | | | |
| 10. | Spilled or leaked waste & precipitation removed from sec. cont. within 24 hrs. or as soon as possible-265.193(c)(4) | | | | | | | | | | |
| 11. | Sec. cont. capable of containing 100% of largest tank-265.193(e)(2) | | | | | | | | | | |
| 12. | Storage tanks clearly labeled "Hazardous Waste" (generator only)-262.34(a)(3) | | | | | | | | | | |
| 13. | Spill & overflow prevention controls (check valves, dry disconnects, level sensing devices, high level alarms, automatic feed cutoffs, maintenance of sufficient freeboard, etc.) in place and operating-265.194(b) | | | | | | | | | | |
| 14. | Waste or treatment method compatible with tank-265.194(a) | | | | | | | | | | |
| 15. | Incompatible wastes not placed in same tank-265.199(a) | | | | | | | | | | |
| 16. | Ignitable/reactive waste treated/stored per NFPA's buffer zone requirements-265.198(b) | | | | | | | | | | |
| 17. | Ignitable/reactive waste treated/stored to prevent ignition-265.198(a) | | | | | | | | | | |
| 18. | Daily inspection of spill/overflow equipment, above ground portions of tank system, sec. cont., & data from monitoring equipment-265.195(a) | | | | | | | | | | |
| 19. | Cathodic protection system inspected annually & impressed current systems every 2 months-265.195(b) | | | | | | | | | | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S.P

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| # | LOG/I.S. REGULATORY REQUIREMENTS* | TA1 | TA2 | TA3 | TA4 | TA5 | TA6 | TA7 | TA8 | TA9 | TA10 |
|---|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| 20. | Device available capable of summoning emergency assistance-265.34 | | | | | | | | | | |
| 21. | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32 | | | | | | | | | | |
| 22. | Adequate water supply for fire control equipment-265.32(d) | | | | | | | | | | |
| 23. | Communication and emergency equipment tested and maintained-265.33 | | | | | | | | | | |
| 24. | Facility operated and maintained to minimize possibility of emergency-265.31 | | | | | | | | | | |
| SMALL QUANTITY GENERATOR TANK REQUIREMENTS | | | | | | | | | | | |
| 25. | Uncovered tanks have 2 ft. freeboard or containment system-265.201(b) | | | | | | | | | | |
| 26. | Continuously fed tanks equipped with feed cut-off system or by-pass system-265.201(b) | | | | | | | | | | |
| 27. | Ignitable/reactive waste treated/stored per NFPA's buffer zone requirements-265.201(e) | | | | | | | | | | |
| 28. | Ignitable/reactive waste treated/stored to prevent ignition-195.201(e) | | | | | | | | | | |
| 29. | Wastes compatible with tank-265.201(b) | | | | | | | | | | |
| 30. | Incompatible wastes not placed in same tank-265.201(f) | | | | | | | | | | |
| 31. | Daily inspections of: waste feed cut-off/by-pass system, monitoring equipment, freeboard, & tank level-265.201(c) | | | | | | | | | | |
| 32. | Weekly inspections of construction material & for leaks, discharges, & corrosion-265.201(c) | | | | | | | | | | |
| 33. | Date of accumulation & "Hazardous Waste" clearly marked on tank-262.34(d)(4) | | | | | | | | | | |
| 34. | Waste stored <180/270 days-262.34(e)/(f) | | | | | | | | | | |
| 35. | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-262.34(d)(4)-265.32 | | | | | | | | | | |
| 36. | Adequate water supply and fire control equipment-262.34(d)(4) | | | | | | | | | | |
| 37. | Employees familiar with waste handling and emergency procedures-262.34(d)(5) | | | | | | | | | | |
| 38. | Devise in hazardous waste area capable of summoning emergency assistance-262.34(d)(4) | | | | | | | | | | |
| 38. | Facility operated/maintained to minimize possible of emergency-262.34(d)(4) | | | | | | | | | | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
 HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

Tank - T1

Name & location of tank: N/A

Person responsible for tank area: _____

Age of tank when it first stored/treated/held a hazardous waste: _____

How was age verified? _____

Tank design capacity: _____ Type of waste in tank: _____

Volume currently in the tank: _____ How was volume verified? _____

Length of time in tank: ☐ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ PermitPhotos taken? ☐ YES ☐ No Photo numbers: _____Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

Tank - T2

Name & location of tank: _____

Person responsible for tank area: _____

Age of tank when it first stored/treated/held a hazardous waste: _____

How was age verified? _____

Tank design capacity: _____ Type of waste in tank: _____

Volume currently in the tank: _____ How was volume verified? _____

Length of time in tank: ☐ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ PermitPhotos taken? ☐ YES ☐ No Photo numbers: _____Area noted on map or diagram: ☐ Yes ☐ NO

Notes/Observations: _____

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen?
HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

EXIT BRIEFING WORKSHEET

1. Initial procedures:

- ☒ Reviewed all data collection worksheets, checklists, field notes, and collected documents to ensure that all necessary information has been collected and documented. This review included the following:

- Documentation of the location of the violation, the type and amount of waste involved, the duration or time frame of the violation, the specific dates when the violation first started occurring, and the number of times or frequency that the same violation was found at the facility.

- Documentation regarding illegal waste management units, including: information about the units location (diagram/picture), its dimensions, its conditions, the construction material, the gradient of the base (for spills), and all other relevant information.

- Documentation regarding illegal disposal situations, including: information about each occurrence, eg. where the waste was sent or disposed of, how it was shipped, who shipped it, when it was shipped or disposed of, how much was shipped or disposed of, how the waste was managed at the disposal site (land disposed, burned, etc.).

- ☐ Identified/verified violations from previous inspection were corrected (if applicable) *NOT Applicable*

Note additional information needed and/or questions for facility representative(s):

- ☒ Prepared Notice of Violation (NOV) form, if applicable
- ☒ Prepared Document Receipt form
- ☐ Pollution Prevention Checklist completed
- ☐ Multi-Media screening completed, media(s): _____

2. Exit Briefing:

- ☒ Addressed all unresolved inspection related issues
- ☒ Provided facility with Document Receipt
- ☒ Provided facility with Page 3 of CBI form (only if facility makes a CBI claim)
- ☒ Explained that the findings and observations resulting from the inspection were based on your current knowledge of RCRA and that the final findings may differ
- ☒ Explained that the compliance officer will make the final compliance decisions regarding the findings and observations of the inspection and that all compliance related questions should be directed toward them
- ☒ Explained that any recommendations provided during the inspection are for informational purposes only and *DO NOT* require specific actions by the facility
- ☒ Summarized the findings and observations for the facility representatives

Notes _____

Activity #: _____

Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

Page ____ of ____

3. Notice of Violation prepared and issued? ☒ YES ☐ NO (If yes complete below)☒ All violations were clearly identified and explained, including: the circumstances, location, and the applicable regulations☒ Explained the importance of a timely and adequate response4. Specific information requested from facility? ☐ YES ☒ NO
(Note: Request all information in writing and copy)List information to be submitted to EPA: _____

_____5. Actions facility representatives said they would take as a result of the inspection:
(Note who made these statements) ☐ YES ☐ NORespond to NOV even though did not sign

_____6. Facility appears to have awareness of RCRA regulations and/or has its own environmental staff? ☐ YES ☒ NO7. Facility appears to have little to no knowledge of RCRA? ☒ YES ☐ NO8. Facility has copy of applicable regulations? ☐ YES ☒ NO9. Note attitude and demeanor of facility representative(s) if applicable: ☐ N/ANo EPA documents (CBI, NOV + Doc of Receipt) were signed as company policy is not to do so. (see Attachment 8) All documents received (including MSDS + manifests) were stamped confidential.

| | | | |
|----------------|--------------------------|------------------------------|---------------------|
| DOCUMENTATION: | HOW are the facts known? | WHO said what? | WHEN did it happen? |
| | HOW long did it happen? | and WHAT PROOF WAS OBTAINED? | |

Activity #: _____

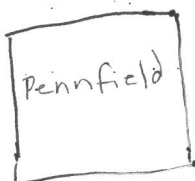
Page ____ of ____

DRIVE-BY WORKSHEET

1. Arrival time: ~ 9:50am
2. Drive-by conducted from public right-of-way? ☐ YES ☐ NO
3. Determine the direction "North" with respect to the facility and provide a brief sketch of the layout and orientation (as can be viewed from the public right-of-way)



Business



Business

Industrial Site Rd

4. Obvious concerns visible from public right-of-way? ☐ YES ☒ NO
(Note area(s) of concern)

☐ Containers☐ Tanks☐ Processing Equipment☐ Loading Areas☐ Unloading Areas☐ Security Devices☐ Open Drums☐ Stressed Vegetation☐ Unusual Staining☐ Unusual Odors☐ Obvious Discharges☐ Improper Disposal☐ Safety Concerns☐ Other Concerns

5. Notes/Observations: _____

5. Photo's Taken? ☐ YES ☒ NOPhoto Numbers: _____
(note location/direction on sketch)

DOCUMENTATION:

HOW are the facts known?
HOW long did it happen?WHO said what? WHEN did it happen?
and WHAT PROOF WAS OBTAINED?



Pennfield
Omaha, NE

11/6/96

Area on right side of garage door
next to Building is where solvent
was evaporated

D. Newsome

1



Pennfield
Omaha, NE

11/6/96

Area on right side of garage door
next to Building is where solvent
was evaporated

D. Newsome

2

Attachment 4

DOCUMENT CONTROL CHECK SHEET

Media:

| Air | RCRA | Water | Other specify |
|-----|------|-------|---------------|
| | X | | |

Activity Number: ANF51

State:

Facility/Site Name and Location: Pennfield

| IA | KS | MO | NE |
|----|----|----|----|
| | | | X |

Omaha

The following documents pertaining to this activity are contained in this package:

| <u>Document</u> | | <u>Yes</u> | <u>No</u> | <u>NA</u> |
|-------------------------------------|-----------------|------------|-----------|-----------|
| Final Report w/attachments | <u>85</u> Pages | (✓) | () | () |
| Field Sheets | ___ Pages | () | () | (✓) |
| Chain-of-Custody Records | ___ Pages | () | () | (✓) |
| Field Notes | <u>33</u> Pages | (✓) | () | () |
| Analytical Data Sheets | ___ Pages | () | () | (✓) |
| Photographic Negatives | <u>2</u> | (✓) | () | () |
| Photographs (not included w/report) | ___ | () | () | (✓) |
| Preinspection Packet | ___ Pages | () | () | (✓) |
| Other Documents (list below) | | () | () | (✓) |
| _____ | ___ Pages | | | |
| _____ | ___ Pages | | | |
| _____ | ___ Pages | | | |

(Note: If additional space is needed to list specific documents, utilize reverse side.)

CERTIFICATION

I, the undersigned, certify that all of the documents pertaining to this activity that were in my possession have been listed above and were included in this package at the time this statement was signed.

Daniel Newsome
Activity Leader's Signature

12/10/96
Date Signed

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

| | |
|--|-------------------------------|
| Facility Name Pennfield | |
| Facility Address 14040 Industrial Rd. Omaha, NE | |
| Inspector (print) Dedriel Newsome | Title Env. Engineer |
| U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115 | Date 11/6/96 |

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

| |
|--------------------------------------|
| Facility Name Pennfield |
| Facility Address Omaha, NE |

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____

Title _____

Address _____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

=====

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

| | |
|---|-------|
| Facility Representative Provided Notice (print) | Title |
| Signature/Date | |

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

| |
|--------------------------------------|
| Facility Name <i>Penn Field</i> |
| Facility Address <i>Omaha, NE</i> |

Information for which confidential treatment is requested:

| |
|--|
| |
| |
| |
| |
| |
| |
| |

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

| | |
|---|--------------------------------|
| Authorized Representative (print) | Signature/Date |
| | |
| No confidential treatment claimed during the inspection: _____ (Facility Representative's initials) | |
| Inspector (print) | Signature/Date |
| <i>Dedriel Newsome</i> | <i>Dedriel Newsome 11/6/96</i> |
| U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115 | |

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

| |
|--------------------------------------|
| Facility Name <u>Penn Field</u> |
| Facility Address <u>Omaha, NE</u> |

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒

Split Samples: YES ☐ NO ☒

Documents/Samples were: 1) Received no charge ☒ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$ Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

BFI Document
FDA Letter 6/27/95 (3 pgs)
Manifests (14 pgs)
MSDS (18 pgs)
Waste Analysis (4 pgs)
Martel Lift Document (2 pg)
Inspector Rules

| | |
|--|--------------------------------|
| Facility Representative (print) | Signature/Date |
| Inspector (print) | Signature/Date |
| <u>Dedriel Newsome</u> | <u>Dedriel Newsome 11/6/96</u> |
| U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115 | |